Notifiable Disease Surveillance Monthly Report

Metro Public Health Department

Date: November 29, 2005

October 2005 Reported Notifiable Diseases at a Glance

Disease	October 2005	Cumulative through October 2005	October 2004	Cumulative through October 2004
AIDS*	30	230	16	230
HIV*	43	268	20	265
Sexually Transmitted Diseases				
Chlamydia	207	2,348	212	2,075
Gonorrhea	96	908	120	960
Primary and Secondary Syphilis	3	21	1	13
Other Syphilis	10	106	15	125
Tuberculosis	3	55	2	43
Communicable Diseases **				
Gastrointestinal Diseases[1]	7	375	18	142
Hepatitis A	0	21	4	16
DRSP/MRSA/VRE[2]	4	218	7	49
Neisseria meningitidis Disease	1	3	0	1
Bacteremia and meningitis caused by:				
Haemophilus influenzae	0	4	0	3
Group A streptococcus	0	18	3	12
Listeria monocytogenes	0	1	0	1
Other Bacteria[3]	6	110	1	28
Other Communicable Diseases	1	2	0	1
Vaccine-preventable Diseases**				
Influenza-like Illness^	54	1,399	1	185
Other[4]	1	26	0	6

*Includes both Davidson County residents and non-Davidson County residents

**Presented on this page by report date

^Includes cases reported as confirmed and probable

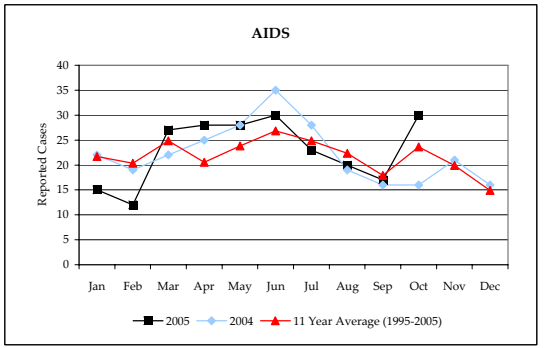
[1] Gastrointestinal diseases = campylobacteriosis, *E-coli* 0157:H7, giardiasis, salmonellosis, and shigellosis

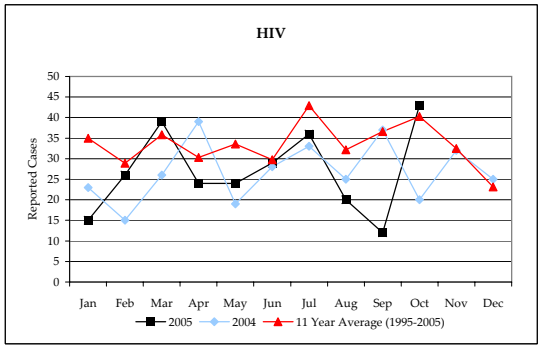
[2]VRE = Vancomycin resistant enterococci / DRSP = drug resistant *Streptococcus pneumoniae*

[3]See *Definitions and Technical Notes* for a list of bacteria included in this category

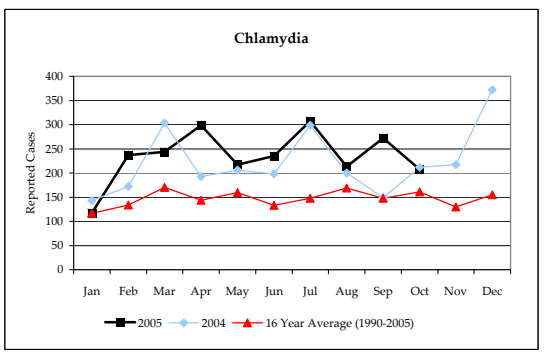
[4]Includes diphtheria, measles, mumps, pertussis, and tetanus

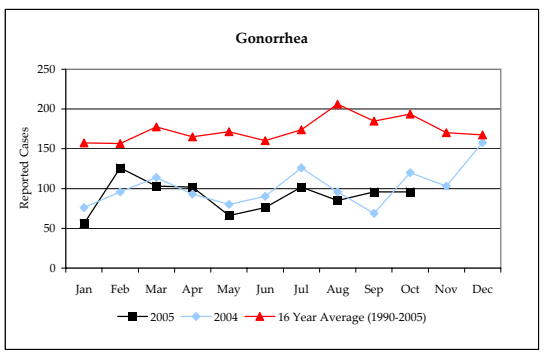
HIV/AIDS

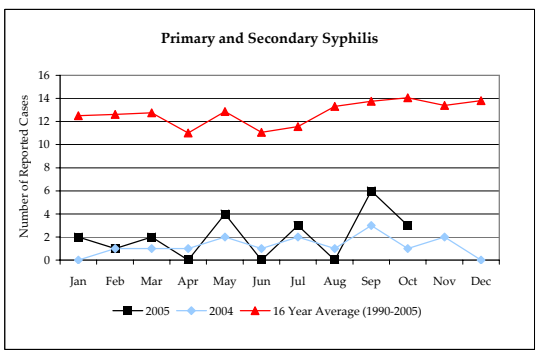




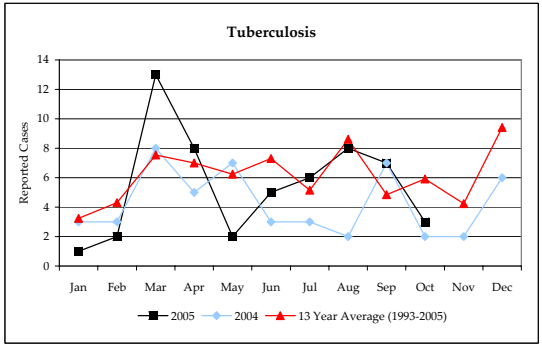
Sexually Transmitted Diseases

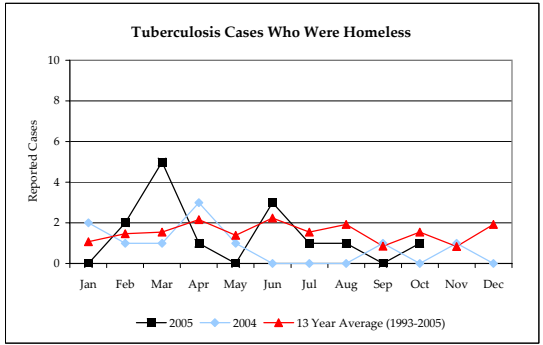


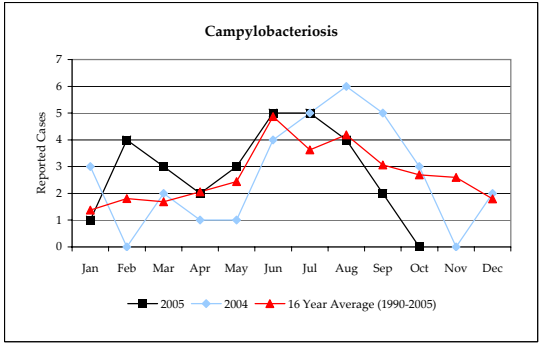


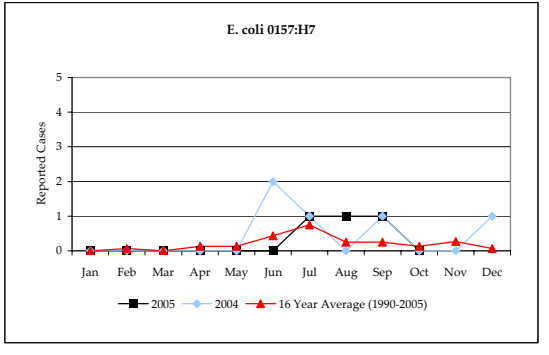


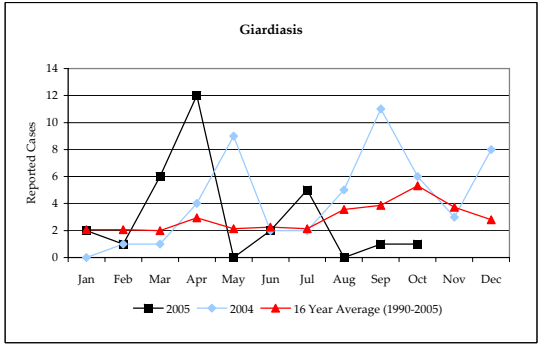
Tuberculosis

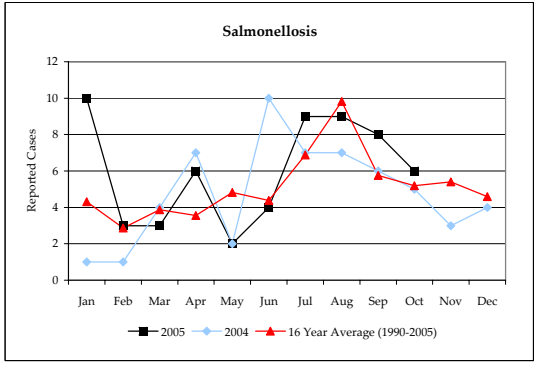


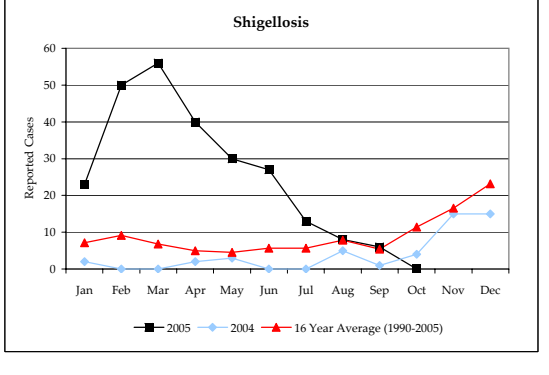



Campylobacteriosis
Reported Cases
0
1
2
3
4
5
6
7
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2005
2004
16 Year Average (1990-2005)

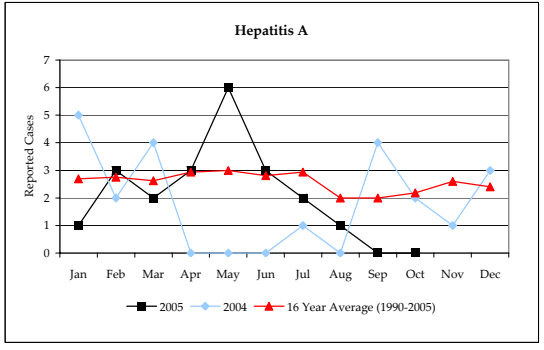

E. coli 0157:H7
Reported Cases
0
1
2
3
4
5
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2005
2004
16 Year Average (1990-2005)

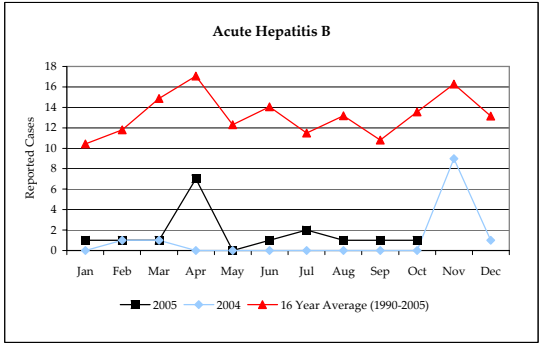

Giardiasis
Reported Cases
0
2
4
6
8
10
12
14
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2005
2004
16 Year Average (1990-2005)

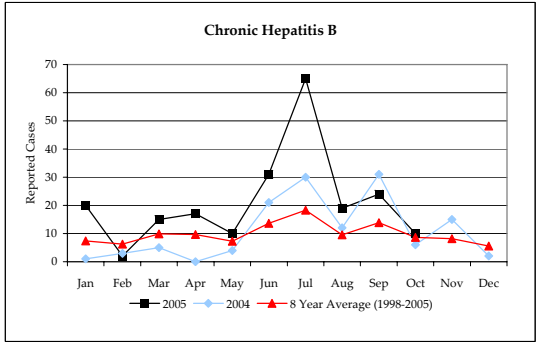

Salmonellosis
Reported Cases
0
2
4
6
8
10
12
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2005
2004
16 Year Average (1990-2005)

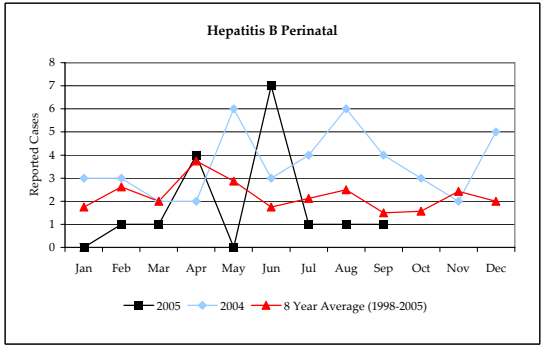

Shigellosis
Reported Cases
0
10
20
30
40
50
60
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2005
2004
16 Year Average (1990-2005)

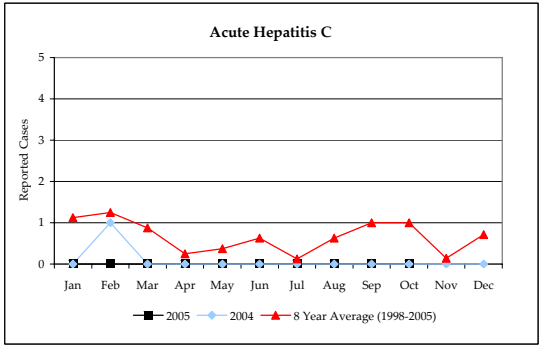
Hepatitis

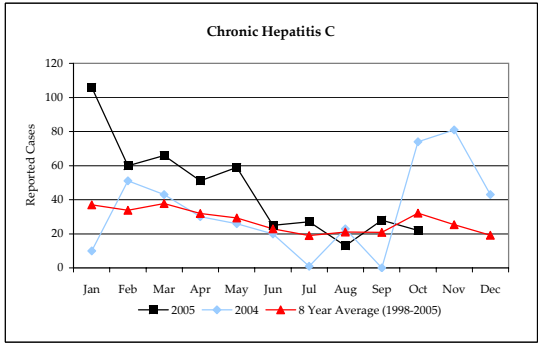

Hepatitis A
Reported Cases
0 1 2 3 4 5 6 7
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 16 Year Average (1990-2005)


Acute Hepatitis B
Reported Cases
0 2 4 6 8 10 12 14 16 18
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 16 Year Average (1990-2005)

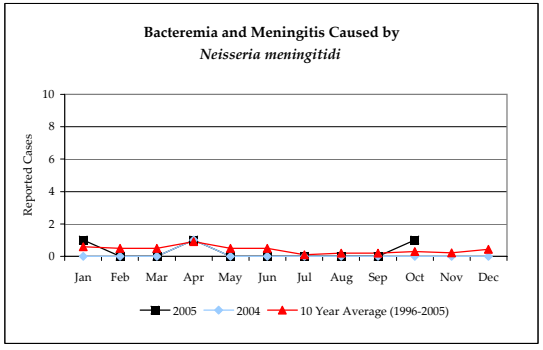

Chronic Hepatitis B
Reported Cases
0 10 20 30 40 50 60 70
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 8 Year Average (1998-2005)

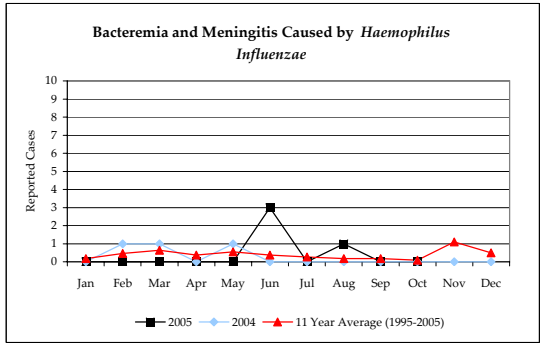

Hepatitis B Perinatal
Reported Cases
0 1 2 3 4 5 6 7 8
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 8 Year Average (1998-2005)

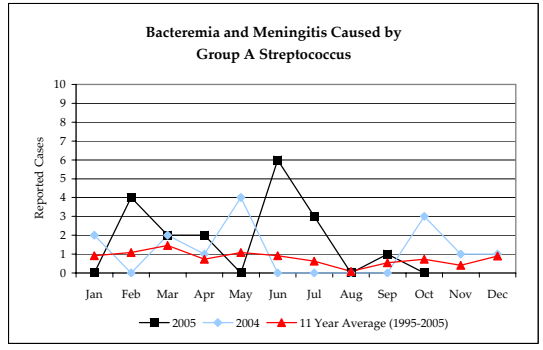

Acute Hepatitis C
Reported Cases
0 1 2 3 4 5
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 8 Year Average (1998-2005)

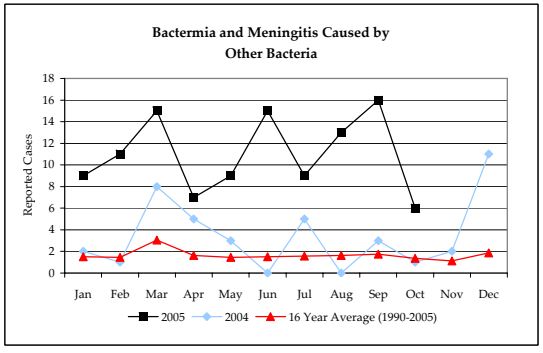

Chronic Hepatitis C
Reported Cases
0 20 40 60 80 100 120
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2005 2004 8 Year Average (1998-2005)

Meningitis

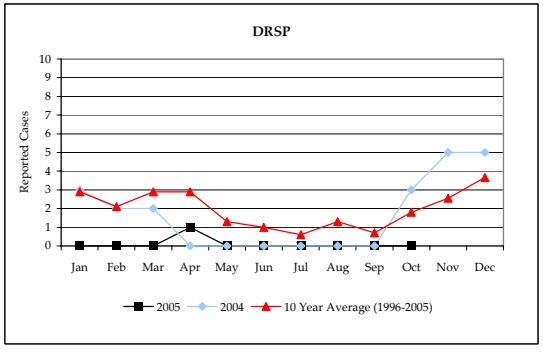


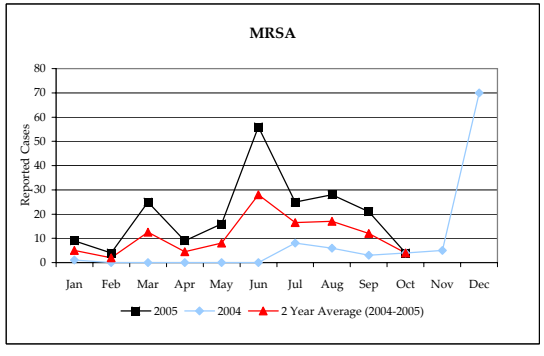


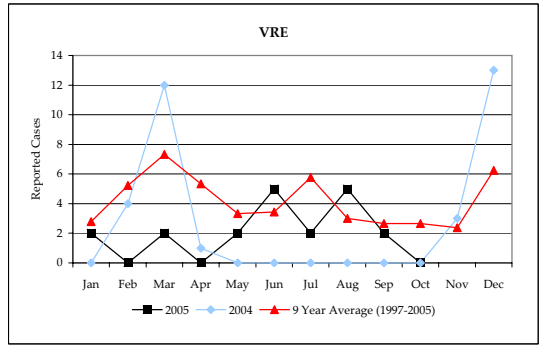




DRSP/MRSA/VRE

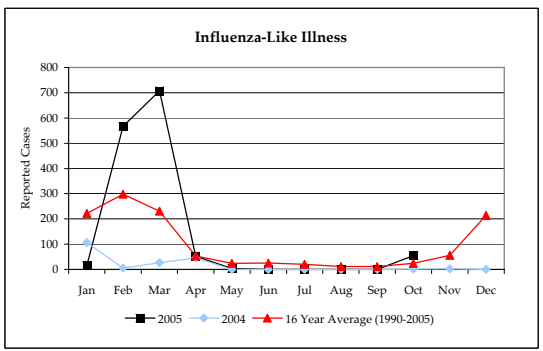


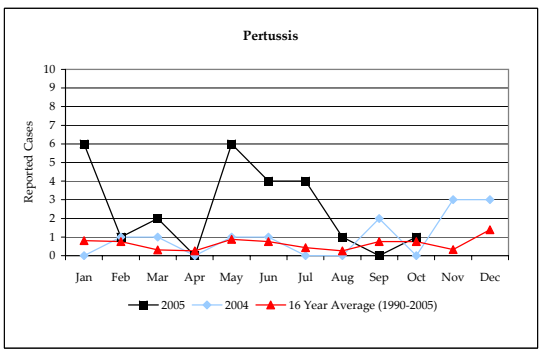




Other Communicable Diseases

Vaccine-preventable Diseases





Notifiable Disease Surveillance Monthly Report: AIDS/HIV/STDs

Month: October, 2005 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	October, 2004
AIDS/HIV																					
AIDS*	30	0	30	11	17	2	0	19	11	0	0	0	0	3	8	13	3	3	0	0	16
HIV*	43	5	38	20	22	1	0	32	11	0	0	0	2	6	15	12	6	2	0	0	20
Sexually Transmitted Diseases																					
Chlamydia	207	72	135	51	92	5	59	74	132	1			62	116	25	2		1		1	212
Gonorrhea	96	42	54	12	61	1	22	55	41				27	36	16	10	3		2	2	120
Syphilis, Primary	1		1		1			1									1				0
Syphilis, Secondary	2	1	1		2			2						2							1
Syphilis, Congenital	0																				0
Syphilis, Other	10	3	7	5	3		2	5	5					2	6	2					15
Total Syphilis	13	4	9	5	6	0	2	8	5	0	0	0	0	4	6	2	1	0	0	0	16
Total STDs	316	118	198	68	159	6	83	137	178	1	0	0	89	156	47	14	4	1	2	3	384
Syphilis Cases Who Were Homeless	0																				
Cumulative through October, 2005																					
AIDS/HIV																					
AIDS*	230	1	229	101	115	14	0	168	62	0	1	1	1	36	81	72	30	7	1	0	230
HIV*	268	36	232	139	110	19	0	206	62	0	1	2	6	60	106	60	25	8	0	0	265
Sexually Transmitted Diseases																					
Chlamydia	2,348	900	1,448	543	1,440	28	337	808	1,537	3		1	823	1,225	227	48	21	2		1	2,075
Gonorrhea	908	374	534	162	639	7	100	512	395	1			228	429	145	67	26	8	2	3	960
Syphilis, Primary	3	1	2		3			3						1	1		1				1
Syphilis, Secondary	18	7	11	4	12		2	18					4	7	5	1	1				12
Syphilis, Congenital	0																				3
Syphilis, Other	106	35	71	40	60	2	4	70	36				2	28	35	27	6	3	5		125
Total Syphilis	127	43	84	44	75	2	6	91	36	0	0	0	6	36	41	28	8	3	5	0	141
Total STDs	3,383	1,317	2,066	749	2,154	37	443	1,411	1,968	4	0	1	1,057	1,690	413	143	55	13	7	4	3,671
Syphilis Cases Who Were Homeless	4	3	1	2	1	1	0	3	1	0	0	0	0	0	1	3	0	0	0	0	

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Davidson County Resident Only
Month: October, 2005 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	October, 2004
AIDS/HIV																					
AIDS	20	0	20	6	12	2	0	13	7	0	0	0	0	2	7	6	3	2	0	0	11
HIV	27	5	22	10	16	1	0	22	5	0	0	0	1	5	10	5	5	1	0	0	13
Cumulative Through October, 2005																					
AIDS/HIV																					
AIDS	162	1	161	60	92	10	0	119	43	0	1	0	1	23	57	50	23	6	1	0	164
HIV	177	33	144	80	84	13	0	136	41	0	1	1	3	38	69	40	18	7	0	0	186

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Non-Davidson County Resident Only
Month: October, 2005 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MPHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	October, 2004
AIDS/HIV																					
AIDS	10	0	10	5	5	0	0	6	4	0	0	0	0	1	1	7	0	1	0	0	5
HIV	16	0	16	10	6	0	0	10	6	0	0	0	1	1	5	7	1	1	0	0	7
Cumulative Through October, 2005																					
AIDS	68	0	68	41	23	4	0	49	19	0	0	1	0	13	24	22	7	1	0	0	66
HIV	91	3	88	59	26	6	0	70	21	0	0	1	3	22	37	20	7	1	0	0	79

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable
Month: October, 2005 by Date of Report

Disease	Reported Cases	Race				Gender			Age										Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	October, 2004
Gastrointestinal Diseases																			
Campylobacteriosis	0																		3
E-Coli 0157:H7	0																		0
Giardiasis	1			1		1				1									6
Salmonellosis	6	1			5	3	1	2	1	2	1		1				1		5
Shigellosis	0																		4
Total	7	1	0	1	5	4	1	2	1	3	1	0	1	0	0	0	1	0	18
Hepatitis A, B, and C																			
Hepatitis A	0																		4
Hepatitis B																			
-Acute	1				1	1								1					0
-Chronic	10		1	1	8	7	3					1	2	6			1		6
Hepatitis C																			
-Acute	0																		0
-Chronic	22	8	1		13	22						4	8	7	3				74
Total	33	8	2	1	22	30	3	0	0	0	0	5	10	14	3	0	1	0	84
Hepatitis B Perinatal																			
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis Disease	1	1				1				1									0
Bacteremia and meningitis caused by:																			
Haemophilus influenzae	0																		0
Group A Streptococcus	0																		3
Listeria monocytogenes	0																		0
Other Bacteria	6	1	3		2	5	1		1		1	1	1	1			1		1
Total	7	2	3	0	2	6	1	0	1	1	1	1	1	1	0	0	1	0	4
DRSP/MRSA/VRE																			
DRSP	0																		3
MRSA	4	3	1			3	1							2		1	1		4
VRE	0																		0
Total	4	3	1	0	0	3	1	0	0	0	0	0	0	2	0	1	1	0	7
Other																			
Malaria	1		1																0
Total	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total of Communicable Diseases	52	14	7	2	29	43	6	2	2	4	2	6	12	17	3	1	4	0	
Vaccine-preventable Diseases																			
Diphtheria	0																		0
Influenza-like Illness*	54																		1
Measles	0																		0
Mumps	0																		0
Pertussis	1		1			1			1										0
Tetanus	0																		0
Total	55	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1

Blank space = No report received

* Based on MMWR reporting weeks

NOTE: Hepatitis B Perinatal data was unavailable for this report. Please refer to the September 2005 report for the most current data.

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable
Cumulative Through October, 2005 by Date of Report

Disease	Reported Cases	Race				Gender			Age									Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	October, 2004
Gastrointestinal Diseases																			
Campylobacteriosis	29	7	3	1	18	13	16			7	2	5	4	6	2	1		2	30
E-Coli 0157:H7	3	1			2	1	2			3									4
Giardiasis	30			20	10	16	14		1	11	5	6	4	2	1				41
Salmonellosis	60	12	6	1	41	33	21	6	14	18	4	8	4	4	3		3	2	50
Shigellosis	253	19	39	5	190	94	112	47	7	186	15	12	13	5	3		1	11	17
Total	375	39	48	27	261	157	165	53	22	225	26	31	25	17	9	1	4	15	142
Hepatitis A, B, and C																			
Hepatitis A	21	3	4	4	10	12	9			4	4	4	1	3	2	2	1		16
Hepatitis B																			
-Acute	16	2		1	13	10	6					4	6	4		2			2
-Chronic	213	9	14	19	171	128	80	5	1		9	50	53	51	32	9	8		113
Hepatitis C																			
-Acute	0																		1
-Chronic	457	169	72	6	210	378	75	4	2		4	50	94	175	115	8	4	5	278
Total	707	183	90	30	404	528	170	9	3	4	17	108	154	233	149	21	13	5	410
Hepatitis B Perinatal																			
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis Disease	3	2	1			2	1			2			1						1
Bacteremia and Meningitis caused by:																			
Haemophilus influenzae	4	3	1			2	2		1			1				1	1		3
Group A Streptococcus	18	9	7	1	1	13	5		1	2		1		2	5	2	5		12
Listeria monocytogenes	1				1		1					1							1
Other Bacteria	110	63	30	2	15	63	45	2	10	1	3	7	10	15	20	11	33		28
Total	136	77	39	3	17	80	54	2	12	5	3	10	11	17	25	14	39	0	45
DRSP/MRSA/VRE																			
DRSP	1		1			1											1		10
MRSA	197	109	59	1	28	104	91	2	8	8	3	7	21	33	29	30	58		22
VRE	20	9	9		2	9	10	1	1					2	6	2	8	1	17
Total	218	118	69	1	30	114	101	3	9	8	3	7	21	35	35	32	67	1	49
Other																			
Malaria	2	1	1			1	1					2							1
Total	2	1	1	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	1
Total of Communicable Diseases	1438	418	247	61	712	880	491	67	46	242	49	158	211	302	218	68	123	21	
Vaccine-preventable Diseases																			
Diphtheria	0																		0
Influenza-like Illness*	1,399																		185
Measles	1				1	1						1							0
Mumps	0																		0
Pertussis	25	4	3		18	9	16		7		7	1	4	3	1	2			6
Tetanus	0																		0
Total	1,425	4	3	0	19	10	16	0	7	0	7	2	4	3	1	2	0	0	191

Blank space = No report received

* Based on MMWR reporting weeks

NOTE: Hepatitis B Perinatal data was unavailable for this report. Please refer to the September 2005 report for the most current data

Notifiable Disease Surveillance Monthly Report: Tuberculosis

Month: October, 2005 by Date of Report

Site	Reported Cases	Place of Diagnosis*		Race/Ethnicity						Gender			Age										Comments
		MHD	Other	White Non-Hisp	Black Non-Hisp	Hispanic	Amer. Ind/Alask. Nat.	Asian/Pac. Islander	Other	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	
New Pulmonary Cases	2		2	1	1						2						1	1					
New Extrapulmonary Cases	1		1		1						1				1								
New Cases in Dual Sites	0																						
New Homeless Cases	1		1	1							1						1						Total New Cases
Total New Cases	3	0	3	1	2	0	0	0	0	0	3	0	0	0	1	0	1	1	0	0	0	0	October 2004: 2
Cumulative Through October, 2005																							
Pulmonary																							
Total Cases	36	6	30	11	17	6			2	26	10			4	1	11	3	8	6	1	2		
Extrapulmonary																							
Total Cases	14	2	12	3	7	3			1	9	5			1	2	4			5	1	1		
Dual Sites																							
Total Cases	5		5	2	2	1				4	1				1	1		3					
All Sites																							
Total Cases	55	8	47	16	26	10	0	0	3	39	16	0	0	5	4	16	3	11	11	2	3	0	
Total Homeless Cases	14	1	13	5	8	1				13	1					1	1	7	5				
Total Drug-resistant Cases	0																						Cumulative Total Thru
Total Cases with HIV Co-infection	7		7	1	5	1				6	1					1		3	3				October 2004: 43
Total Cases Foreign Born < 5 Years	13	2	11	1	9	2			1	9	4			2	2	6	1	1	1				
Total Cases Foreign Born > 5 Years	5	1	4			4			1	5						3			2				

Blank space = No report received

* Place of Diagnosis not provided for all (year-to-date) records

Definitions and Technical Notes

1. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): Effective January 1, 2000, the Centers for Disease Control & Prevention (CDC) has established a new case definition for HIV infection in adults and children that includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS. For adults and children aged ≥ 18 months, the HIV surveillance case definition includes laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease. For children aged <18 months (except for those who acquired HIV infection other than by perinatal transmission), the HIV surveillance case definition updates the definition in the 1994 revised classification system. The revised case definition includes HIV nucleic acid (DNA or RNA) detection tests and permits reporting of cases based on the result of any test licensed for diagnosing HIV infection in the U.S. The entire case definition may be found in MMWR, December 10, 1999 / Vol.48 / No. RR-13.

Effective January 1, 1993, the CDC expanded the AIDS surveillance to include all HIV infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

2. Sexually Transmitted Diseases (STDs): Sexually transmitted diseases are infections one can acquire by having sex (vaginal, oral, and/or rectal) with another who has the infection. Viruses or bacteria can cause STDs. Although there are many types of STDs, only HIV/AIDS, chlamydia, gonorrhea, and syphilis are required to be reported to the health department and are presented in this report. HIV/AIDS cases are tabulated separately from other STDs for programmatic reasons.

3. Communicable/Vaccine-preventable Diseases: Communicable diseases in this report are a selected group of notifiable diseases that are reported to the Metropolitan Public Health Department of Nashville and Davidson County (MPHD) regularly (other than AIDS/HIV, STDs, and TB). Other communicable diseases not listed in this report may be added as needed. Communicable diseases make up the largest portion of notifiable diseases, which are diseases that are required by law to be reported to the health department. Diseases that can be prevented by immunization include influenza, measles, mumps, polio, rubella (German measles), pertussis, diphtheria, tetanus, *Haemophilus influenzae* type b, hepatitis B, varicella (chickenpox), and others. Influenza, measles, diphtheria, mumps, pertussis, and tetanus are the six vaccine-preventable diseases listed regularly in this report, although others may be included as needed.

4. Tuberculosis: A chronic bacterial infection caused by Mycobacterium tuberculosis (MTB), characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved. A verified case of TB is a case that has laboratory confirmation of Mycobacterium tuberculosis (i.e., positive culture for MTB) or, in the absence of laboratory confirmation, a case that meets the clinical case definition. A clinical case meets all of the following criteria: 1.) It has a positive tuberculin skin test. 2.) Other signs and symptoms compatible with tuberculosis (e.g., an abnormal, unstable [i.e., worsening or improving] chest radiograph, or clinical evidence of current disease are present. 3.) There is treatment with two or more antituberculosis medications. 4.) A completed diagnostic evaluation. Because verification of a tuberculosis case according to the case definition as described above requires 6 – 8 weeks or longer, a case may be reported to the Tennessee Department of Health (TDOH) and presented in this report one to two months or longer after evaluation and care was initiated for the case. Following evaluation for tuberculosis, some persons are determined to not have a laboratory confirmation of MTB or to meet the clinical case definition for the disease, and are therefore not reported to the TDOH.

A TB case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for greater than 12 months and disease can be verified again. Mycobacterium diseases other than those caused by M. tuberculosis complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis. (Centers for Disease Control & Prevention case definition).

Information pertaining to tuberculosis cases who were homeless is provided beginning in December, 2000. Homeless is defined as:

(1) An individual who lacks a fixed, regular, and adequate nighttime residence; or

(2) An individual who has a primary nighttime residence that is:

- (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
- (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
- (c) A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing. The term homeless is applied to any patient who meets the definition of homeless at any time during the 12 months prior to the time when the TB diagnostic evaluation was performed. (Definition from the TIMS User's Guide).

5. Surveillance: Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness. By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization-uptake and side effects; (5) sickness absence records; (6) disease determinants such as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance (e.g., serum banks). This definition was taken from " A Dictionary of Epidemiology" third edition, edited by John M. Last, and published in 1995.

6. Event Date: Event date is defined as the earliest known date associated with the incidence of the disease. This date may be the date of disease onset, the date of clinical diagnosis, laboratory diagnosis, report to county health department, report to state health department, or as a last resort, any date associated with the case. For purposes of this report, event date is the date of laboratory diagnosis.

7. Report Date: Report date is defined as the date that the disease was reported to the Tennessee Department of Health. The report date is always a Saturday. For example, diseases displayed in this report by report date reflect those cases reported to the Tennessee Department of Health from the week ending the second Saturday of the month of the report to the week ending the first Saturday of the current month.

8. NETSS: National Electronic Transmitting Surveillance System

9. NEDSS: National Electronic Disease Surveillance System

10. TIMS: Tuberculosis Information Management System

11. HARS: HIV/AIDS Reporting System

12. Cumulative totals for STD's, communicable diseases and vaccine-preventable diseases represent only the totals in 1999 and 2000 through the respective month being reported on in 1999 and 2000.

13. HIV/AIDS/STD data:

- Provided by: Dan McEachern, Division of STD Control, and John Coursey, Division of STD Control
- Date: November 7, 2005 and November 21, 2005 date
- Data Source: STD cases entered into the NETSS database by report date. As of the August 2005 report STD data (excluding HIV/AIDS data) will be stored and queried from a new database. Beginning with the August 2005 report STD data (excluding HIV/AIDS data) will not be available until technical issues with the new database are resolved.
- HIV/AIDS cases entered into the HARS database during the calendar month of the report.
- **Please note**: Number of cases of HIV/AIDS may include both Davidson County residents and non-Davidson County residents. Resident vs. non-resident status is indicated on page ten. STD data presented is Davidson County resident data only.

14. Communicable/Vaccine-preventable diseases data:

- The data used to prepare the Communicable/Vaccine-preventable Diseases portion of this report were downloaded from NETSS and NEDSS on, November 9, 2005 at the Metro Public Health Department by Jim Jellison, Division of Epidemiology.
- Data presented is Davidson County resident data only.

In June 2000, changes were made in how bacterial meningitis and bacteremia are presented in the report. These changes were made to 1) make the data more easily interpreted and 2) to more closely represent the manner in which the diseases are reported to CDC through NETSS. The NETSS event numbers used to report these bacteria to the CDC include both cases of meningitis and bacteremia caused by the bacteria. In order to determine whether a reported case is meningitis or bacteremia requires entry into the secondary screens of the NETSS system where laboratory specifics are entered, such as 1) specimen from which the organism was isolated (blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint, placenta, amniotic fluid, and other) and 2) type of infection caused by the organism (primary bacteremia, meningitis, otitis media, pneumonia, cellulitis, epiglottitis, peritonitis, pericarditis, septic abortion, amnionitis, septic arthritis, conjunctivitis, other); and 3) serogroup. This report will provide only the total numbers for the represented categories. For specific information pertaining to numbers of bacterial meningitis vs. bacteremia, contact Pam Trotter at Ext. 632.

The bacteria included in the "Other Bacteria" category include: Group B streptococcus, *Streptococcus pneumoniae*, Escherichia coli, *Staphylococcus aureus, Staphylococcus epidermidis, Klebsiella* species, Enterobacter species, *Serratia* species, Actinobacter species, Group D streptococcus, and other streptococcus.

NEDSS is an initiative to promote data and information system standards for disease surveillance. It aims to promote data and information system standards for disease surveillance. The goal of NEDSS is the development of efficient, interoperable, and integrated surveillance systems at

federal, state, and local levels by facilitating the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments.

In Nashville, communicable disease data began to be entered into the NEDSS database in March 2004. Data was entered into the NETSS database as well for comparison/quality check purposes until April 19, 2004. As of April 19, 2004, NEDSS became the primary data management system for communicable disease data in place of NETSS, except for follow-up to any cases previously entered into NETSS. Data for those cases will be managed in the NETSS system until the case is closed. For that reason, beginning with the April 2004 report, communicable disease data will be run from both the NEDSS and NETSS systems until all cases are closed in NETSS.

15. Tuberculosis data:

- Data pertaining to numbers of drug-resistant cases provided by Division of Tuberculosis Elimination.
- Jim Jellison, Division of Epidemiology, ran the tuberculosis data from the TIMS database on November 7, 2005.
- Data Source: TIMS. Tuberculosis cases presented in this report reflect surveillance of new cases based on calendar month of report.
- **Please note**: Cases presented are primarily Davidson County residents, but may include some cases diagnosed, treated, and managed in Davidson County but residing in another county. Those cases not Davidson County residents will be so indicated on the report.

Because determination of drug/multi-drug resistance may require as long as 2 months, beginning with the October 2001 report this information will be presented only as cumulative data. Similarly, HIV reports may not be available to accurately reflect by month the HIV status of each case so HIV Co-infection status will presented as cumulative data only. Beginning with the July 2005 report the cumulative total for multi-drug resistant cases was removed due to the lack of cases; it will be included in future reports as multi-drug resistant tuberculosis cases appear.

16. Other Report Formatting Updates:
In September of 2001, maps were added to the report. The maps are geographical representation of individual cases of diseases. The maps are produced using ArcView GIS Version 9.1.

In May of 2002, information pertaining to risk factors for hepatitis A and B were added to the report.

Beginning with the July 2004 report and continuing until problems with the NEDSS system are corrected, communicable disease/vaccine-preventable disease information will be presented only by date of report to the MPHD as it is not possible to ascertain the event date.